MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03987

3995

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CHAPTICO
LENGTH OF STAY (in this place) 12 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CHAPTICO
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) M. (Last) BURKE

4. DATE OF DEATH (Month) APRIL (Day) 8, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: APRIL 30, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES BURKE

14. MOTHER'S MAIDEN NAME: ELLA O'CONNOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: GEORGE BOYD CHAPTICO, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 170X (A) DUE TO Metastatic Ca — INTERVAL BETWEEN ONSET AND DEATH: 6 mo's

ANTECEDENT CAUSE (B): (B) DUE TO CA of Breast — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954 to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE John D Boyd M. D. ADDRESS Leonardtown Md DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 4/12/55 | NAME OF CEMETERY OR CREMATORY MT. OLIVET | LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REGISTRAR 4-11-55 | REGISTRAR'S SIGNATURE Robt. J. Lackey | 24. FUNERAL DIRECTOR JOS. C. MATTINGLEY | ADDRESS LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

3996

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03988

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St Marys; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hermanville; LENGTH OF STAY (in this place): 8 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hermanville; STREET ADDRESS (If rural, give location): X / X

3. NAME OF DECEASED (Type or Print): (First) Mary Brown (Middle) S. (Last) Carson

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months 10, Days 28; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Asheville N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 237-36-5649

17. INFORMANT AND ADDRESS: Louise Spears Hermanville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary embolism — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: O J Bean M.D. (Degree or title) ADDRESS: Great Mills Md DATE SIGNED: April 20 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-21-55 | NAME OF CEMETERY OR CREMATORY: Zion Parr | LOCATION (City, town, or county) (State): Hermanville Md

DATE REC'D BY LOCAL REGISTRAR: April 20 55 | REGISTRAR'S SIGNATURE: O J Bean M.D. Local Registrar

24. FUNERAL DIRECTOR: Jos C. Mattingley ADDRESS: Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03989

3997

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS OD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) M. (Last) CLEMENTS

4. DATE OF DEATH: (Month) APRIL (Day) 20, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW

8. DATE OF BIRTH: 2/21/1867

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months 1 Days 30 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: IGNATIUS JARBOE

14. MOTHER'S MAIDEN NAME: ANNA WATHEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS AGNES TUINMAN LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE	(A) Pneumonia (terminal)	2 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Senile Dementia	2 years
	DUE TO (C) Arteriosclerosis	10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to April 20 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

SIGNATURE Wm. P. Byrd M. D. ADDRESS Leonardtown DATE SIGNED 4/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 4/23/55

NAME OF CEMETERY OR CREMATORY ST. ALOYSIUS

LOCATION (City, town, or county) (State) LEONARDTOWN

DATE REC'D BY LOCAL REGISTRAR 4-20-55

REGISTRAR'S SIGNATURE Robt. J. Lackey

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

3993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03930

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: St Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rural Compton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) Leonard (Last) Drury

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 12, 1900

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: French Drury

14. MOTHER'S MAIDEN NAME: Florence Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Alice M. Wathen 2009 37th. St. S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: 816X (a) fractured skull, fractured cervical spine — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH: instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: Louse's

21c. (City or town) Leonardtown (County) St. Mary's (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 12 55 4:11 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Struck another car in oncoming traffic

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Alva L. Law M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED: 4/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/15/55
NAME OF CEMETERY OR CREMATORY: St. Aloysius
LOCATION (City, town, or county) (State): Leonardtown Md.

DATE REC'D BY LOCAL REG.: 4-14-55
REGISTRAR'S SIGNATURE: Robt. J. Locke
24. FUNERAL DIRECTOR ADDRESS: Jos. C. Mattingley Leonardtown, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03991

3999

CERTIFICATE OF DEATH

Reg. Dist. No. 26 1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Great Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills X 1
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Samuel (Last) Dyson

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Sept 11-1884 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months 7, Days 10 | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owns farm
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Samuel Dyson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: John Elmer Dyson Waldrop md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO Arteriosclerosis — 3 Years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1955, to April 20, 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.
SIGNATURE P J Bowman M.D. ADDRESS Great Mills Md DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: April 23 55 | NAME OF CEMETERY OR CREMATORY: Holy Face | LOCATION (City, town, or county) (State): Great Mills Md

DATE REC'D BY LOCAL REGISTRAR: 4/21/55 | REGISTRAR'S SIGNATURE: P J Bowman M.D. Deputy Registrar | 24. FUNERAL DIRECTOR: Jos C Mattingly | ADDRESS: Leonardtown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY IN INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4990

CERTIFICATE OF DEATH

0399

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY ST.MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) 18DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL LEONARDTOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) JOSEPH (Last) EVANS

4. DATE OF DEATH: (Month) APRIL (Day) 2, (Year) 1955

5. SEX MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH JUNE 5, 1909

9. AGE last birthday: 45 yrs IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: DAY WORK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HENERY EVANS

14. MOTHER'S MAIDEN NAME: HANNAH BEANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 218-05-8412

17. INFORMANT & ADDRESS: SARAH TURNER LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 443 X	(A) DUE TO	
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to Apr 2, 1955, that I last saw the deceased alive on April 2, 1955, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE Wm D Bayd M.D. ADDRESS Leonardtown DATE SIGNED 4/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 4/5/55

NAME OF CEMETERY OR CREMATORY ST. JOHN'S

LOCATION (City, town, or county) (State) HOLLYWOOD, LARYLAND

DATE REC'D BY LOCAL REGISTRAR 4/5/55

REGISTRAR'S SIGNATURE Robt. L. Lackey

24. FUNERAL DIRECTOR ADDRESS JOS.C. MATTINGLEY LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4991

03993

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) First: Jesse (Middle) (Last) Greenwell

4. DATE OF DEATH (Month) April (Day) 15 (Year) 1955

5. SEX Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 18-1863

9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours 7 Min. 129

10A. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Greenwell

14. MOTHER'S MAIDEN NAME Mary Ellen Forrest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO —

17. INFORMANT & ADDRESS Mrs Bertha Greenwell Calvaryway Mechanicsville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO General Cardiac Arrest — 10 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1946, to April 15, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M.D. P J Beam MD Great Mills Md

DATE SIGNED 4/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-18-55

NAME OF CEMETERY OR CREMATORY Bethania

LOCATION (City, town, or county) (State) Valley Lee Md

DATE REC'D BY LOCAL REGISTRAR April 19/55

REGISTRAR'S SIGNATURE P J Beam MD Local Registrar

24. FUNERAL DIRECTOR [illegible] Mechanicsville

ADDRESS Mechanicsville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4962 — Reg. Dist. No. 03994

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Chaptico
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Casandra (Last) Lowery

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12 / 14 / 1878

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis H. Davis

14. MOTHER'S MAIDEN NAME: Mary Love

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: -------

17. INFORMANT & ADDRESS: Mrs. Mary Harrison - Chaptico, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cardiac decompensation	10 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arteriosclerotic cardiovascular dis	8 yrs
(260X)	(c)	Uremia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, prostate, pulmonary etc.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1948, to April 6, 1955, that I last saw the deceased alive on April 6, 1955 and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Ray Gunther, MD — ADDRESS: Mechanicsville Md — DATE SIGNED: 4/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4 / 9 / 55 — NAME OF CEMETERY OR CREMATORY: Christ Episcopal Cemetery — LOCATION (City, town, or county) (State): Chaptico, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 7, 1955 — REGISTRAR'S SIGNATURE: Robert F. Locke

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03995

4203

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ST MARY'S; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN; MARYLAND LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURALCALIFORNIA X; STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) ALEXANDER (Last) McGEE

4. DATE OF DEATH: (Month) APRIL (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JULY 21, 1882

9. AGE last birthday: 72 yr. IF UNDER 1 YEAR Months 8 Days 11 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): ARMY

10B. KIND OF BUSINESS OR INDUSTRY: ENGINEER

11. BIRTHPLACE (State or foreign country): TENNESSEE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN McGEE

14. MOTHER'S MAIDEN NAME: MARCIASUS UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES If Yes, give war or dates of WORLD WAR 1

16. SOCIAL SECURITY NO. 216-22-2794

17. INFORMANT & ADDRESS: MRS THRESA D.McGEE CALIFORNIA,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S DUE TO (B) Jejunal ileus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) due to a diverticulum involving small intestine

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4.5.55

19B. MAJOR FINDINGS OF OPERATION: enormously distended jejunum

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.29, 1955, to 4.6, 1955, that I last saw the deceased alive on 4.6., 1955, and that death occurred at 8:10 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Leonardtown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 4/9/55

NAME OF CEMETERY OR CREMATORY: EBEANEZA

LOCATION (City, town, or county) (State): CALIFORNIA, MD.

DATE REC'D BY LOCAL REGISTRAR 4-7-55

REGISTRAR'S SIGNATURE Robt. S. Locke

24. FUNERAL DIRECTOR: Jos. C. Mattingley ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4004 **CERTIFICATE OF DEATH** 03996

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Patuxent River
LENGTH OF STAY (in this place) 38 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: Hamilton
STATE ~~Maryland~~ Ohio COUNTY ~~St. Mary's~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Carver Heights~~ Cincinnati 72X
STREET ADDRESS (If rural give location) Avondale 3/ ~~9 Taylor Place~~ 4578 Wilson Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Gwenlyn (Middle) Eve (Last) MILLER

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 27, 1955
9. AGE last birthday: -- yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses (n) MILLER, Jr.
14. MOTHER'S MAIDEN NAME: Bernice MULLINS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Moses (n) MILLER, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 38 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1955, to 4-29, 1955, that I last saw the deceased alive on 4-28, 1955 11:50 pm, and that death occurred at 12:38 am, from the causes and on the date stated above.

SIGNATURE Sam Cassara MD (Degree or title) S. CASSARA LCDR MC USNR ADDRESS Infirmary, USNAS PAX RIV MD DATE SIGNED 4-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/31/55 NAME OF CEMETERY OR CREMATORY St. Michaels LOCATION (City, town, or county) Ridge, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 4/29/55 REGISTRAR'S SIGNATURE [illegible] Local Registrar

24. FUNERAL DIRECTOR Moses (n) Miller Jr (father) ADDRESS 9 Taylor Place, Carver Heights, Md.

2045244302

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03997

CERTIFICATE OF DEATH

1 4705 Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND LENGTH OF STAY (in this place) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Louise (Last) Moore

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 16 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 2 Days 11 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Mulford Hodges

14. MOTHER'S MAIDEN NAME: Emily F. Sweezy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charles Moore Ridge Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular accident DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11- .., 19[illegible], to 4-27-55, 19[illegible], that I last saw the deceased alive on 4-26-55, and that death occurred at 5.45 A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 4-30-55 NAME OF CEMETERY OR CREMATORY Cedar Grove LOCATION (City, town, or county) (State) Patchogue Suffolk Co. L.I. N.Y.

DATE REC'D BY LOCAL REGISTRAR 4-28-55 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR [signature] ADDRESS [illegible] MD

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4006

03998

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY ST.MARY'S — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HOLLYWOOD — LENGTH OF STAY (In this place) 4YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ST.LARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HOLLYWOOD
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANN	ELIZABETH	RUSSELL	APRIL	22,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
FEMALE	WHITE	WIDOW	1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.A.

13. FATHER'S NAME: JONATHAN FLOYD

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		NONE	SPAULDING RUSSELL LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cirrhosis	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Roy Gaither, MD		Mechanicsville Md	4/25/55

23. BURIAL, CREMATION, REMOVAL, OTHER	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/25/55	ST ALOYSIUS	LEONARDTOWN, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/55	R.H.J. Lackey	JOS.C.MATTINGLEY	LEONARDTOWN, MD.

4207 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03999

CERTIFICATE OF DEATH

Reg. Dist. No. 281

Items 13,14, Film G181 6-3-55 ct

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X NAS, Patuxent River, Md.
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Ridge X
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED. (Type or Print) (First) Kenneth (Middle) Darwin (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955

5. SEX M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-13-17

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USNAVY

10B. KIND OF BUSINESS OR INDUSTRY: US NAVY

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew D. Smith

14. MOTHER'S MAIDEN NAME: Nell Glidden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1942-1955

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Navy Health Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

860X
IMMEDIATE CAUSE (A) INJURIES, MULTIPLE, EXTREME — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATELY

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) AIRCRAFT

21C. WHERE DID INJURY OCCUR? (City or town) Runway #24 NAS, PAXRIV. (County) MD. (State)

21D. TIME OF INJURY (Month) April (Day) 19 (Year) 1955 (Hour) (200PM) M.

21E. INJURY OCCURRED While at work ☒ Not while at work ☐

21F. HOW DID INJURY OCCUR? Aircraft Crash

22. I hereby certify that I attended the deceased from — —, 19 —, to — —, 19 —, that I last saw the deceased alive on — —, 19 —, and that death occurred at 200P M. from the causes and on the date stated above.

SIGNATURE AND ADDRESS: J. E. SZAKACS, LTJG, MC, USNR M.D. NAS, PAXRIV., MD.

DATE SIGNED: 19 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4/22/1955

NAME OF CEMETERY OR CREMATORY: Arlington National Cem.

LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: 4/21/1955

REGISTRAR'S SIGNATURE: P. Beam MD Local Registrar

24. FUNERAL DIRECTOR: P.B.Robinson

ADDRESS: Leonardtown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4708

CERTIFICATE OF DEATH

04000 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY ST MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL PINEY POINT
LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PINEY POINT X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) SWIFT

4. DATE OF DEATH: (Month) APRIL (Day) 22 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: MAY 7th 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: CAPITOL TRANSIT

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SWIFT

14. MOTHER'S MAIDEN NAME: REBECCA URON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-10-7069

17. INFORMANT & ADDRESS: MRS. CHARLES SWIFT - PINEY POINT MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary arteriosclerosis — 5 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22 1955, to April 22 1955, that I last saw the deceased alive on April 22 1955, and that death occurred at 4:45P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Leonardtown DATE SIGNED 4/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 4/26/55 | NAME OF CEMETERY OR CREMATORY FORT LINCOLN | LOCATION (City, town, or county) PRINCE GEORGE'S (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4-23-55 | REGISTRAR'S SIGNATURE Robt. J. Lackey

24. FUNERAL DIRECTOR ADDRESS JOS. C. MATTINGLEY LEONARDTOWN, MD.

04001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4769

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) JOSEPHINE (Middle) TROSSBACH (Last) WEST

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 11 July 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Trossbach

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) *****

16. SOCIAL SECURITY NO. **********

17. INFORMANT & ADDRESS: J. Abell Longmore ::: Leonardtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

ANTECEDENT CAUSE (B) Generalized arteriosclerosis — 6 Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension — 3 Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 1955, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE P J Bean M.D. ADDRESS Great Mills Md DATE SIGNED April 4 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4 / 5 / 1955 — NAME OF CEMETERY OR CREMATORY: St. Michael's Cemetery — LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 4, 1955 — REGISTRAR'S SIGNATURE: P J Bean M.D. Local Registrar

24. FUNERAL DIRECTOR: P. B. ROBINSON — ADDRESS: LEONARDTOWN, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53